

ST. EDWARD Summer Program
STUDENT HEALTH SUMMARY FORM

Child's Name: _____ **Date of Birth:** _____ Male Female

Parent/Guardian: Name: _____ Number: _____

Student's Doctor: _____ Clinic: _____ Number: _____

Date of last physical examination _____

Does this child have any allergies (including medication allergies)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

MEDICATIONS: List medications prescribed with reason for the medication:

What is the status of the child's... Vision _____

Hearing _____

Speech _____

Please list below the health problems/concerns:

Problems/Concerns

Requires Special attention
at school? Explain...

- _____
- _____
- _____

Other information helpful to the child care program _____

Thank you for completing this form!

(Form to be kept in student health file)